

**Your  
future  
depends  
on many  
things, but  
mostly on  
you**

– Frank Tyger

 Indiana Criminal Justice Institute  
One North Capitol, Suite 1000  
Indianapolis, Indiana 46204

**make a  
difference**

**HYPER**  
Hoosier Youth as Peer Education Resources

## What is the HYPER program?

This program is designed to create peer educators. Youth are paid to speak to youth groups, schools, teachers, adult groups, and other organizations about the following community safety issues:

- Graduated Driver Licensing
- Seat Belt Use
- Bicycle Helmet Use
- Zero Tolerance
- Restrict Alcohol Advertising
- Use & Lose
- Underage Drinking Laws
- Fake IDs
- Pedestrian Safety

Instructor materials will also be provided to the youth educator to help guide them through this process.

## Who is eligible and how can I start?

You must:

- be 13-20 years of age;
- attend a Student Activist Training;
- submit a completed application form; and,
- sign a pledge to uphold a drug-free lifestyle and refrain from harmful choices.

## Do I get paid?

**Yes!** You will get paid \$8.00 per hour for your travel time and the time you spend talking to each group. Mileage will not be reimbursed.

## Questions?

Contact the Youth Program Manager at  
**317-233-3789 or 1-866-777-0007**  
**lswalls@cji.state.in.us**

# make a difference

The HYPER Program is funded by the  
Enforcement of Drinking Laws (EUDL) grant from the  
Office of Juvenile Justice and Delinquency Prevention

[www.ojjdp.ncjrs.org](http://www.ojjdp.ncjrs.org)



[www.in.gov/cji](http://www.in.gov/cji)

[www.in.gov/cji/poy](http://www.in.gov/cji/poy)

[poy@cji.state.in.us](mailto:poy@cji.state.in.us)

## Training Schedule

You must attend the **Student Activist Training** to be eligible for the **HYPER** program.

Check for future trainings at  
[www.in.gov/cji/poy](http://www.in.gov/cji/poy)  
or contact the Youth Program Manager  
**317-233-3789 or 1-866-777-0007**  
[poy@cji.state.in.us](mailto:poy@cji.state.in.us)

## Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Adult Reference: \_\_\_\_\_

Reference Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Phone: (     ) \_\_\_\_\_

After you apply, more information will be mailed to you regarding the **HYPER** program.